

Building, and these books, including nearly all the incunabula, were lost. A like tragedy befell the Pioneer Society and Odd Fellows' libraries, all rich in California books, documents, and mementoes. Many thousands of home-seeking citizens trudged to outlying districts, including the Sunset Addition, in the neighborhood of the lonely Affiliated Colleges. The fire had brought clinical material to the doors of the schools.

#### ESTABLISHMENT OF THE OUT-PATIENT DEPARTMENT

Following the earlier example set by the dentists, the medical faculty opened an out-patient department in its quarters two months after the catastrophe, and the first two years of medical instruction in the laboratory subjects was transferred to the Berkeley campus.

#### THE ORIGINAL HOSPITAL

Through private gifts, especially an endowment of \$100,000 from the Massachusetts Relief Fund, a fairly equipped hospital of about one hundred beds was established in the Medical Building in 1907. This achievement was accompanied by the inauguration of the University's first School of Nursing. Despite these adjustments, it was a period of arrested growth. There were but twenty-six medical students in 1907, and later the clinical material and clinical instruction were proved to be inadequate, and the separate teaching of the laboratory subjects at Berkeley was awkward. There were schemes to move the entire Medical School to Berkeley, or to amalgamate it with the Stanford School of Medicine. These schemes came to naught, but they hastened the planning in 1915 of a new and larger University Hospital of 250 beds.

#### HOOPER FOUNDATION FOR MEDICAL RESEARCH

Most heartening in this discouraging time was the accession of the Hooper Foundation for Medical Research in 1914. Its technicians were placed in the former Veterinary quarters, since after 1910, "from snout to tail," veterinary science was taught at Berkeley, where it became a live division of the Department of Agriculture. In the meantime, Regent William Crocker took the lead in getting some \$600,000 privately subscribed for the new hospital, and this unit was occupied in 1917. The new Nurses' Home was ready for use by 1919. It was purchased the following year, having been previously leased. This home and the block intended for the new Dentistry Building, bought in 1921, both lie north of the original site. Sections to the east, where Sutro's library was to have been, were bought from certain of his heirs in 1928. Incidentally, what remains of Sutro's books, about 70,000 items, was given to the State and is well housed in San Francisco's Civic Library. The erection of the out-patient addition in 1931 to 1933 necessitated the return of the anthropologic museum to Berkeley, as the intended Law School Building was demolished. It was the first of the large buildings to go, and it seemed jinxed from the first. Instead of the original grant of thirteen acres, all south of Judah Street, the enlarged San

Francisco campus now covers almost twenty acres, extending both to the south and north of that street.

#### EPILOGUE

The State in 1895 thought to provide a home place for all of its University departments operating in San Francisco, including law, biologic laboratories, university extension, and such others as time would bring. Doctor Cole, in 1895, envisaged a busy, professional village with shops and restaurants, a self-sufficient seat of learning. Adolph Sutro, in 1895, conjured up a clustering place of schools built amid beautiful lawns, flower-beds and trees, while from the schools came crowds of students hurrying to his priceless library. Time serving to change the pattern, there eventuates a great and growing center where all of the healing arts and sciences are studied. Thus, in the MEDICAL CENTER that we know is realized more of the original content than proceeds from most visions or dreams of founding fathers.

2600 Ridge Road.

## CLINICAL NOTES AND CASE REPORTS

### RELAPSING NONSUPPURATIVE PANNICULITIS

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AND

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WE wish to record what is apparently the seventh reported case of relapsing febrile nodular nonsuppurative panniculitis (Weber-Christian Disease).

Henry A. Christian<sup>1</sup> in *Oxford Medicine* summarized this rare disease up to 1934, noting that to that time only three cases had been reported, the third by himself<sup>2</sup> in 1928. He wrote: "So far, three instances of this disease have been reported, the first by Gilchrist and Ketron,<sup>3</sup> under the title 'a unique case of atrophy of the fat layer of the skin, preceded by the ingestion of the fat by large phagocytic cells, macrophages'; the second by F. Parkes Weber,<sup>4</sup> using the term 'relapsing nodular nonsuppurative panniculitis, showing phagocytosis of subcutaneous fat-cells by macrophages'; and the third by Henry A. Christian,<sup>2</sup> adding to Weber's chief terminology the word 'febrile.' No other cases have been found in the literature."

In addition to these, Brill<sup>5</sup> notes the first recorded case by Pfeiffer<sup>6</sup> in 1892. The fifth case was reported in 1933 by Alderson and Way.<sup>7</sup>

The sixth case was reported by I. C. Brill<sup>5</sup> in 1936. Brill carefully reviews the preceding five cases, in addition to his own. He summarizes the distinguishing clinical features as follows: (1) Fever in recurring attacks; (2) nonsuppurative lesions of the panniculus adiposus with a nodular distribution; (3) depression on the surface of the skin from atrophy of the fat, which accompanies or follows healing of the lesions. The

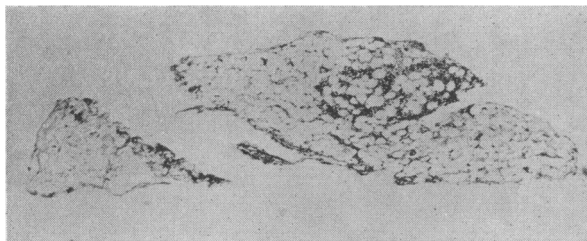


Fig. 1.—Subcutaneous tissue from a case of panniculitis. (Kindness of Dr. J. F. Rinehart.)

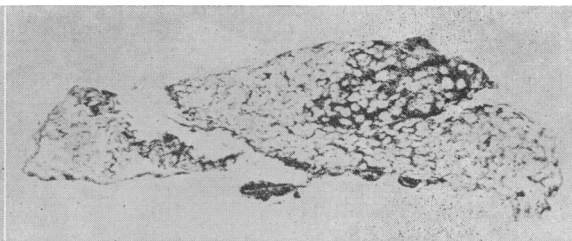


Fig. 2.—Subcutaneous tissue from a case of panniculitis. (Kindness of Dr. J. F. Rinehart.)

dermis is not involved except for reddening in the acute stage. On completion of the process, the skin appears to be entirely normal. In Brill's case there was fever, and a general distribution of the lumps on the thighs, trunk, and arms. The spleen was enlarged, in distinction to the preceding five cases where no enlargement was noted. Leukopenia and a relative lymphocytosis were present. Sternal puncture showed no abnormality of the bone marrow. Blood serum was negative for agglutinins of *B. typhosus*, *B. paratyphosus* A and B, and for *Brucella*. Tests of the blood revealed the following: sugar, 106 milligram per cent; calcium, 10.9 milligram per cent; inorganic phosphorus, 4.2 milligram per cent; cholesterol, 230 milligram per cent. Wassermann and Kahn reactions were negative. Brill gives an excellent summary of the preceding five cases, all of which, like his own case, were in females. No casual bacteria were discovered in any, and the etiology remains quite unknown.

#### REPORT OF CASE

M. P., an American school teacher, age thirty, was first seen on May 10, 1933, when she complained of "swelling" in the calf of her left leg. In 1928 and 1929 she had three "swellings" about her thighs for several weeks. There was no fever nor other signs or symptoms at that time. Five weeks before she had three more "swellings" on her legs. Induration in one area beneath the right knee has persisted, and the site is very painful. A lymph node in the right inguinal region was painful, also, for a short time. The family history is unimportant. The patient was born in the Hawaiian Islands, and has resided in the Philippines, Mauritius, Japan, China, Belgium, France, the Malay Peninsula, and in California since 1922. There was no history of previous illness except malaria, in 1916, and a ruptured appendix, which was removed in 1921. Febrile periods occurred in 1916 and 1920 in the Philippines and in 1921 in France, at which times no diagnoses were made. Her habits are regular. The past history otherwise is irrelevant.

When the patient was examined in 1929, a small subcutaneous mass was observed on the anterior surface of the left thigh. The area felt hard, was not discolored and the skin over the site was fixed. When first observed by the patient in the fall of 1928 the mass was about two centimeters in diameter, and in one month reached its maximum size of 10 centimeters. In April, 1929, the second "lump" appeared, and shortly thereafter the third indurated area developed. Her physical examination then, and again in 1933, was not abnormal, except for these subcutaneous masses.

In 1933 the single area, measuring 7.5 by 20 centimeters, in the left lower leg was red to purple in color, firm to touch, and slightly tender. No lymph nodes were palpated or tender, but there was slight general edema of the right leg. Her temperature on May 10, 1933, was 99 degrees Fahrenheit at 4 p. m. Twenty days later the area was reduced to approximately one-fourth its former size, and was not indurated, and eventually the discoloration disappeared entirely. She was free from recurrence to De-

cember, 1936, when a subcutaneous mass developed again in the right thigh. Reexamination at this time revealed three small masses in the left hip, and the larger one already mentioned, in the right thigh. By May 7, 1937, all signs and symptoms had disappeared completely.

*Clinical and Pathologic Studies.*—Clinical and pathologic studies were made during this period. In April, 1929, there were 6,600 white cells per cubic millimeter with 68 per cent neutrophils, 26 per cent small lymphocytes, 3 per cent large lymphocytes, and 3 per cent eosinophils. The complement-fixation reaction for syphilis was negative. Serum agglutination tests for *B. tularensis* were negative. The sputum contained no acid-fast organisms. Roentgen examination of the chest was negative. No microfilariae were seen in blood samples taken throughout a twenty-four-hour period. A section of infiltrated fatty tissue was removed for pathologic study. There was a fine connective tissue stroma with numerous minute pale foci, and in one area the tissue was quite firm and appeared darker. No worms were seen. On microscopic study there was observed marked infiltration of the fat and fascia by lymphocytes, endothelial or epithelial cells with tubercle formation. Lanthan's and "foreign-body" type giant cells were seen, and also some occlusion of the capillaries due to endothelial hyperplasia was observed. No parasites were found. The diagnosis of fat necrosis, possibly traumatic, was made and was concurred in by Dr. William Ophüls.

In May, 1933, there were 4,200,000 red cells per cubic millimeter, hemoglobin was 80 per cent (Sahli), and there were 8,500 white cells with 62 per cent neutrophils, 36 per cent small lymphocytes, and one per cent, each of monocytes and eosinophils. The urine test was normal. No filarial organisms were demonstrated in blood samples taken hourly over twenty-four hours. Roentgen examination of the soft tissues of both legs failed to demonstrate any calcifications. A biopsy of the affected fatty tissue at this time showed no gross pathologic changes. Microscopic examination by Dr. Zera Bolin revealed cells in the stroma of the fat which appeared to be lymphocytes and large mononuclears. A few monocytes were seen also. There was a slight proliferation of fibrous tissue. Neutrophils constituted 10 per cent of the white cells seen. Hyperplasia of the endothelium of one arteriole was observed. No bacteria were demonstrated, and cultures of the tissues were negative. No eosinophils were seen. The pathologic diagnosis of inflammation in the subcutaneous fat with slight endothelial hyperplasia was made at this time.

In March, 1937, there were 4,310,000 red cells per cubic millimeter, with 90 per cent hemoglobin (Sahli), and 8,080 white cells with 55 per cent neutrophils, 41 per cent lymphocytes, 3 per cent monocytes, and 1 per cent eosinophils. The blood clotted in three and one-half minutes and a normal control sample clotted in four minutes. There were 240,000 platelets per cubic millimeter of blood. Kolmer and Kahn tests were negative. The blood cevitic acid was 3.4 milligram per cent. A Frei test was negative. The urine examination was normal. The Mantoux test was negative. Agglutination tests for *Brucella abortus* were negative. An autohemetic test, to determine if rheumatic-like nodules would develop on intradermal injection of the patient's blood, was negative. A piece of indurated fatty tissue was removed again and subjected to pathologic study. On microscopic examination, Dr. James F. Rinehart described, in the reticular stroma of the fat, a number of inflammatory cells, chiefly mononuclear, but including a moderate number of polynuclear cells. Fibrinous thrombi appeared occasionally in some of the small capillaries.

Bacteriologic study of the removed tissue revealed no bacteria on Gram stain or acid-fast stain, and no fungi. Cultures of the tissue were negative, also.

**Diagnosis.**—A pathologic diagnosis of panniculitis was made.

**Subsequent Course.**—Since the patient was last seen in April, 1937, she reported on June 13, 1937, that she had observed a new "lump" in her left thigh. It was not painful. At the suggestion of Dr. Herbert C. Moffitt, she was advised to have roentgen-ray therapy applied to this area, and following this the mass did not disappear. She has had no other specific or general therapy except that she was advised to develop a "sun tan" and to eat larger amounts of meat and vitamin-containing foods, since her diet was deficient in these factors.

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### DISSEMINATED COCCIDIOIDAL GRANULOMA\*

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THE following case is presented because of the various lesions which the coccidioidal granuloma manifested. The patient was sent to this institution, diagnosed C. N. S. syphilis, with a tentative diagnosis of coccidioidal meningitis.

Here coccidioidal infestation of skin, lung, and C. N. S. was diagnosed and confirmed by autopsy. The inquest also brought to light the gross involvement of the adrenals, prostate, seminal vesicles, kidneys, spleen, and liver.

Illustrations of the skin lesions and adrenal are presented.

(I am indebted to Max Cutler of Loma Linda for aid in pathological studies.)

#### REPORT OF CASE

Male, born January 20, 1901, in Forrest Hill, Louisiana; in California five months; from Phoenix, Arizona, where he lived for the past five years; eighth-grade education; poor financial condition; urban environment; no drugs; temperate alcohol; Protestant; has not worked for the past year; occupation, laborer; race, Spanish.

Committed to the State Hospital because of increasing periods of confusion and disorientation; memory impaired; sleep is disturbed by pain in the head; coccidioides.

**San Diego County Hospital History.**—History given by San Diego County Hospital prior to entry here:

\*From the Psychiatric Service of Frank Fay Williams, Jr., M.D., Patton State Hospital, Patton.

The patient was admitted to the Main Hospital on February 18, 1937. His chief complaint on admission was pain over the right frontotemporal region (two weeks) and pain in the legs, starting mid-thigh and radiating to the feet (five days); aggravation at night. Had chancre in 1931, with nine months' treatment at one time and eleven months' treatment following a year of intermission. Has had a slow, wobbly gait for one year, and much worse in the past week. His gait was tabetic in type. He had skin lesions diagnosed prior to admission as blastomycosis. Wassermanns were negative.

#### Laboratory Findings at San Diego

February 18—Urine negative, except mic. Pus, xx.

February 20—Spinal fluid. White blood cells, 86; globulin, 3 x. Sugar, normal. Wassermann, positive. Colloidal gold curve, 3-3-4-4-4-4-3-2-1-0.

February 22—White blood cells, 11,050; hemoglobin, 85 per cent. Differential. Polymorphonuclears, 77 per cent. Lymphocytes, 20 per cent. Large mononuclears, 3 per cent.

X-ray of skull on February 20, 1937, showed calcification in the choroid plexi and pineal, without other evidence of intracranial calcification. No x-ray evidence of increased intracranial pressure, and no evidence of a destructive process of the cranial vault. The sella turcica was normal.

February 24—Blood: Precipitin test (Kline), negative.

March 1—Smear from gums, positive; fusiform bacilli, 2 x; spirilla, 2 x.

March 2—Scrapings from skin lesions; fungus coccidioides demonstrated on a direct examination of scrapings. Organisms present in intra-epithelial abscesses.

March 1—X-ray films of sinuses show no evidence of sinusitis.

March 23—Spinal fluid. White blood cells, 35. Globulin, 4 x. Wassermann, positive. Colloidal gold curve, 5-5-5-5-4-4-4-3-3.

April 6—Urine negative, except for red blood cells and pus cells in sediment (minor numbers).

April 7—Blood Wassermann was negative.

April 8—Urine was negative for pathologic findings.

**Course.**—History prior to admission to San Diego.

Blastomycosis of face and few other patches treated with x-ray and iodides for the past three months, with good results.

Wassermann: 4 x, 1930; 0, 1931; 4 x, 1934; 4 x, 1937.

February 19—Daily spinal drainage. Spinal-fluid pressure, 240 mm. Daily spinal puncture done until February 26, 1937. Spinal-fluid pressure registered 110 mm.

April 1—The patient developed restless irrational attack, requiring restraint.

April 6—Frequent lapses of memory, some hallucinatory experiences and disorientation. Transferred to psychopathic.

Treatment: Sodium iodid; thiobismol.

Tentative diagnosis of coccidioidal meningitis made, with bad prognosis.

Laboratory findings indicated C. N. S. lues.

**Physical Examination at Patton.**—The patient was received at this hospital in a weakened physical condition, emaciated, showing evidence of recent weight loss; his temperature was 102.4; pulse, 100; respiratory rate, 24. Height, 5 feet 7 inches. Weight, 120 pounds.

Examination revealed: Lesion on upper left lip, round, elevated crusted edge, reddened center, clearing to periphery where crusts begin. Size, 3 x 2 centimeters. Left shoulder—two lesions, one from deltoid area, extending down posterior arm, scar tissue 5 x 3 centimeters with raised, crusted area 2 x 2 centimeters; the other a punched-out ulcer in appearance, 1 x 2 centimeters. Lesion on right elbow ovoid in shape, clearing center, pinkish hue with small elevated crusts at periphery. Skin showed a sub-icteric tint. Lungs clear to physical signs. Heart rate was rapid, enlarged to the left; snappy A-2; tambouric quality. Pulse was 102. Blood pressure was 120/80/40. Chancre scars on penis.

Neuromuscular examination: No tremor of fingers. Romberg was negative. Test phrases, hesitancy. Knee jerk